Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| 16:31       | (To: 0.800) | Division of Corporations Fax Number : (850)617-6381  | JUN 29 PM       |
|-------------|-------------|--|-----------------|
| 5 JUN 29 PM | Comprom:    | Account Name : LAZARUS CORPORATE FILING SERVICE, Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 | 2: 32<br>\$\$1E |
|             | annual      | email address for this business entity to be used for report mailings. Enter only one email address please.                    |                 |

## FLORIDA PROFIT/NON PROFIT CORPORATION LEO'S AND SON INC.

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 1       |  |
| Page Count            | 03      |  |
| Estimated Charge      | \$78.75 |  |

JUN 3 0 2015

S. GILBERT

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H 1 5 0 0 0 1 5 9 5 99

| ·   | ARTICLE I NAME: The name of the corporation is:                      |               |
|---|--|---------------|
|   | Lea's and son the.   | -             |
| · .•  | ARTICLE II PRINCIPAL OFFICE:   |               |
|   | The principal street address and mailing address is:                 |               |
|   | 12240 NW 7 +rail   | 圣兴 5          |
| <u> </u>                                    | Miami FL 33182   | JUN 29        |
|   |  | بشور و حال    |
| ARTICLE III                                 | SHARES: The number of shares of stock is: \\                         | PH 2: 33      |
| ARTI  | ICLE IV INITIAL DIRECTORS AND/OR OFFICERS:                           |               |
|   | Lenor Perez (P)  | <del></del>   |
|   |  | <del></del>   |
|   |  |               |
| 1470 10 10 10 10 10 10 10 10 10 10 10 10 10 |  |               |
|   |  | <u></u>       |
|   |  |               |
|   |  |               |
| ARTICLEY                                    |  |               |
| _   | d Florida street address (PO Box not acceptable) of the registered a | gent is:      |
|   | enor Perez   | <del></del> - |
|   | 240 NW 7 trail   |               |
| 17110                                       | mi FL 33182  | <del></del>   |
| ARTICLE V                                   | VI INCORPORATOR: The name and address of the Incorpor                | ator is:      |
|   | enor Perez   | <del></del>   |
| •   | 240 NW T trail   |               |
|   |  | <del></del>   |

## Required Signatures:

| Having be<br>corporati | een named as registered agent to accept service (<br>ion at the place designated in this certificate, I ar<br>appointment as registered agent and agree to | n familiar with and accept the                                 |
|------------------------|--|--|
|                        | Registered Agent   | (c/29/15<br>Date   |
| the false in           | nis document and affirm that the facts stated her<br>aformation submitted in a document to the Depa<br>see felony as provided for in s.817.155, F.S.       | ein are true. I am aware that<br>rtment of State constitutes a |

Incorporator